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Alabama Officials Hope to Continue Improving Child Welfare System

Alabama's child welfare system has made tremendous progress since it was placed under federal court oversight 19 years ago. The settlement agreement in the case was dissolved in January, the first time a state has exited federal oversight entirely. State officials know, however, that there is still work to be done.

By Dr. Page B. Walley



n Jan. 16, 2007, U.S. District Judge Ira DeMent issued a landmark opinion—after 19 years of federal court oversight, Alabama’s child welfare system not only met the high expectations of the court, it also demonstrated an unsurpassed, although imperfect, ability to provide for the safety and well-being of children and families in distress.

With that, DeMent completely dissolved the R.C. v. Walley settlement agreement, making Alabama perhaps the first state to exit such federal oversight entirely. The ruling has garnered national attention.

Alabama’s child welfare system achieved this goal through an epic metamorphosis. It changed its bottom-up philosophy, employee training and development, caseload standards and performance measurement, and established citizen oversight committees—all undergirded with improved technology and additional financial and personnel resources. The work of many employees, advocates, service providers, foster families and government officials committed to change and willing to abide by the law of the harvest—you reap what you sow; you reap later than you sow; and you reap more than you sow—has resulted in a bounty that few imagined possible 20 years ago.

In 1986 Jefferson County (Birmingham) Circuit Judge Sandra Storm ordered a child, initials R.C., into Alabama’s foster care system. In what Storm described as a “nightmarish, long journey through hospital mental wards, psychotropic medication, and separation from his family,” R.C. experienced a shameful maltreatment which symbolized the shortcomings of an entire system.

At that time, a commission appointed by the governor discerned that the average caseload of child welfare caseworkers in Alabama was 60 to 70. In addition, caseworkers had inadequate training, child abuse allegations were not investigated, equipment for caseworkers’ use was antiquated, and on and on. The child welfare system was failing Alabama’s most needy. The American Civil Liberties Union, on behalf of R.C. at his father’s request, sued the state, and the state agreed to enter into a consent decree requiring radical improvement—or conversions—of not only its state child welfare system, but also the system in each of Alabama’s 67 counties.

Some cardinal principles and accomplishments of the system’s transformation merit special mention.

First, each county, under the oversight of the state office, developed a system of care founded on the principles that:

1. Children should live with their families when they can do so safely;
2. Comprehensive services should be provided to children and their families;
3. Regular family planning meetings with the family and individualized community support teams should be held with the focus on reunification, relative placement or adoption; and
4. Reports of child abuse and neglect should be investigated in a timely manner.

In addition, the state and each county developed citizen-composed quality assurance committees to review practice and out-

come information related to the improvement efforts. Also, “report cards” for each county’s child welfare performance were created and permanently and publicly posted on the DHR Web site.

The report card consists of a four-level ranking of each county’s performance over a six-month period on the following indicators:

1. **Safety**—Cases of abuse/neglect (CANs) pending, prevention assessments pending more than 90 days, and response time of initial contacts on CANs received;
2. **Permanency**—No compelling reasons/termination of parental rights 15 of last 22 months, TPR petitions overdue greater than 90 days for children with adoption as the permanency plan; and
3. **Qualitative Items (from reviews of cases by County QA committees)**—Average child and family status rating, average system performance rating.

A tiered social work classification system enhanced employee professionalism. Child welfare caseworkers are expected to have at least a bachelor’s of social work and are required to obtain a license within one year of employment. Attracting caseworkers with a master’s of social work and offering financial incentives for licensure also were prioritized in the classification changes. An extensive training curriculum was developed, accompanied by an aggressive recruitment and retention effort. The state initiated a consortium of Alabama universities and colleges, which train and produce BSWs and MSWs. This allowed for improved student preparedness for employment with the Department of Human Resources.

Better utilization of federal funds, in conjunction with a greater investment of state dollars, allowed for the surge in the number of social workers in the field, the increase in entry pay and supplements for service in certain placements, and the precipitous reduction in worker caseloads to between eight to 18 on average, depending on the type of case.

Each county, and five separate regions in Jefferson County—Alabama’s largest county, which includes Birmingham—were subjected to a rigorous conversion process culminating in a conversion review, which included presentations by child welfare staff and community stakeholders to the federal monitor, plaintiff’s attorneys and DHR state leadership. These 71 separate presentations were conducted only after the system had matured and could document performance attainment on 51 separate indicators of safety, permanency and well-being. The monitor then made a decision as to whether the state had achieved conversion. Prior to the state’s release, each of the 71 jurisdictions successfully converted, and the state ultimately demonstrated that the systemic conversion could be sustained.

In a Jan. 21, 2007, op-ed piece in the *Birmingham News*, Storm, who is now retired, looked to the genesis of these reforms, and reflected that R.C. would now be 26 years old. “The progress the state has accomplished improving the DHR system is nothing short of phenomenal ... there are enough people and funding to meet professional standards at DHR in every county,” she said.

Indeed, the professional practice, employee quality and support, family-centered focus, and performance standards which are measured constantly and used to manage have absolutely

transformed a system from what many national experts have concluded is a proverbial “worst-to-first” achievement.

But what now? How can the state ensure the system will not regress now that court oversight has been withdrawn?

First, the family-focused philosophy has been and continues to be systemically embedded throughout DHR. Basically, the mantra is “if it isn’t good enough for my child, it isn’t good enough for anyone else’s child.” The state has permanently codified all of the R.C. policy in the DHR Administrative Code. Now R.C. principles are DHR principles, and the state is raising its performance expectations and practice above what the consent decree contemplated.

Second, the aforementioned permanent Quality Assurance committees and supervisory and performance accountability network from the counties to the state office help assure DHR’s steadfastness.

To build redundancy of quality review into the system, in addition to each county undergoing ongoing review by its respective county QA committee, the state QA office subjects every county to an exhaustive case and system review—basically replicating the original conversion review process using the 51 performance indicators—at least once every three years.

What are our ascension goals now that we have reached this plateau?

We are challenging ourselves to expand our “continuum of care,” where we no longer incentivize the provider community for services to children in out-of-home placement, but rather for aggressive work with children and families to prevent removal or rapidly reunify families by “stepping children down” on a continuum of services from more restrictive to least restrictive placement. This results in providers overhauling their models of service provision.

We have, through the competitive bid process, expanded competition among provider partners and closely monitor performance outcomes, (e.g., percentages of children remaining in home/not removed initially, length of stay in out-of-home care, long-term stabilization upon return, etc.). Every child in any out-of-home care placement is assessed every six months by an independent assessment team using a standardized instrument to determine progress and either stepping that child down and back toward home or determining why current services are not resulting in progress and making the appropriate adjustment.

We are even preparing what we believe is a highly progressive proposal for providers to be economically compensated only upon a child’s return to home ... and believe we will have positive responses.

Our intent is to continue an annual reduction in the number of children entering out-of-home care while expanding our services in-home. We have more than 75 percent of our children in care in home and/or basic foster care, one-fifth of 1 percent (0.2 percent) in deep-end residential services, and 12 children in out-of-state placements. Our goal in 2007 is to return all of Alabama’s out-of-state children home and to step-down those children in out-of-home care so that 75 percent have a less restrictive placement.

The harvest recently reaped in Alabama’s Child Welfare System signals the end of a season, but a good farmer knows



that a new season has already begun. While we are pleased, we are not proud because the work continues with the hope of a more bountiful harvest ahead.

—Dr. Page B. Walley has served as the commissioner of the Alabama Department of Human Resources since January 2004. He previously served as commissioner of the Alabama Department of Children’s Affairs. This article was previously published by the American Public Human Services Association. It is reprinted with permission from the APHSA.